5

Part A, Permit Process ---, Internal Checklist

ID Number _IAD 0008/9110_   Firm Name _Square D Company_

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials: Yes	No	Valid Prmlg Date?
1	T/S/D Facility? (If No, return to respondent.)	✓		
3	Form 1 received?	✓		
1	Form 3 received?	✓		
1 & 3	Postmarked on or before November 19, 1980?	✓		
3	Date of operation entered?	✓		
3	Date of operation on or before November 19, 1980?	✓		
Notif. record	Notifier?	✓		
"	Notified on or before August 18, 1980?	✓		
1	Form 1, XIII B signed?	✓		
3	Form 3, IX B Signed?	✓		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____ DEC 16 1980)

PHASE TWO ✓

1	Unsure if regulated or non-regulated?	✓		
3	New facility?			
1 & 3	Core items missing? If Yes, indicate which items:			

Facility name___; location___; mail address___; operator info___;

certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE ✓

1 & 3   Non-core items missing? If Yes, indicate which items:

Maps___; photos___; drawings___; lat/long___.

Other observations and comments:

DATE SENT BACK_____

DATE RETURNED_____

R00352652
RCRA RECORDS CENTER

Received Date Stamp

NOV 14 1980

(Stamp forms also)